Senior Citizens' Secretariat
Newsletter

VOLUME 103 MARCH 2003

Welcome to our New Chairperson

Honourable Jane Purves, Minister of Health
Chair of the Senior Citizens' Secretariat

Ms. Purves graduated from Dalhousie University with a Bachelor of Arts Degree and went on to become the managing editor of the Halifax Chronicle Herald. She also worked as news editor and reporter. Longtime board member of the Canadian Press, former member of the board of governors for the National Newspaper Awards, former president of the Canadian Managing Editors Conference, and former board member of the Halifax Herald Ltd.

She was first elected to the legislature July 1999 and until this recent appointment served as the Minister of Education.

We welcome Minister Purves to her new responsibilities and look forward to working with her in strengthening services to seniors and planning for a rapidly increasing aging population.

Appetite For Life's Senior of the Year

Harold T. Shea

Harold Shea was reluctant to accept the honour of Citizen of the Year. In typical fashion, he consented only because it would help Northwood, an organization he has been closely associated with since 1977. Yet, looking back on a lifetime of service to both country and community, Harold fits easily into the company of past winners including Hedley Ivany, Connie Wenaus, Edmund Morris and Dr. Fred MacKinnon.

Born in Halifax on July 20, 1923 to Harold and Mary Elizabeth Shea, his life took a dramatic turn with the announcement that Canada was at war. At age 16, Harold interrupted his education at St. Patrick's Boys' High School and enlisted with the Canadian Army. In 1941, he transferred to the Royal Canadian Air Force and was assigned to the 428 Ghost Squadron of Six Group Bomber Command.

Harold participated in various missions with both the RCAF and RAF in the European Theatre, receiving the Mention in Despatches Citation in April 1945. In May 1945, after VE Day, he and his crew volunteered for the Pacific Theatre and were assigned to a newly formed Tiger Force Squadron to train for attacks on Japanese targets. However, hostilities ended before their training was completed.

Harold returned to Halifax, and on October 10, 1945, joined the Halifax Herald as a proofreader and part-time junior reporter. Thus began a newspaper career that spanned over 50 years. He's covered everything from municipal and provincial politics to business and economics.

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He's been city and provincial editor, editorial writer, parliamentary correspondent, managing editor and Canadian Affairs editor. From 1970 to 1977, he was special correspondent on the United Nations Law of the Sea Conferences in Geneva, New York and Caracas. In 1977, he was appointed Editor-in-Chief, vice-president of the company and member of the Herald's Board of Directors. Herald Shea continued to write a national affairs column on a daily basis until he retired at the age of 60 in 1983.

That wasn't the end of his career, however. "Coaxed" out of retirement, Herald continued to write a regular column for the paper for a further 12 years. At the same time, he became executive secretary of the Atlantic Provinces Daily Newspaper Press Council, established his own news and editorial company and wrote regularly for a number of magazines and other publications.

His contributions to journalism as a writer, editor, member of the Canadian Press and the Parliamentary Press Gallery were recognized by St. Mary's University with an Honourary Degree of Doctor of Literature in 1984. Harold continues to explore opportunities in the field. He now specializes in writing about seniors and veterans and is editor of The Torch, a newspaper of the Nova Scotia/Nunavut Command of the Royal Canadian Legion.

Retirement did not translate into inactivity. Harold channeled his efforts into community service. In 1983, he accepted an invitation from Dr. Fred MacKinnon, Director of the Senior Citizens' Secretariat, to work on a study to determine the need for establishing Home Care Nova Scotia. It began a 15-year career as a volunteer focusing on seniors' issues. He was a Liaison Officer between the Secretariat and Senior Citizens' organizations and helped organize the Senior Writers' Guild. He has served on the Board of Nova Scotia Seniors' Pharmacare program, the Board of Northwoodcare and Northwood Homecare, the Board of Mount Saint Vincent's Centre on Ageing and on the Board of Spencer House and the Canadian Cancer Society. His resume also includes terms on various committees of the Red Cross, Alzheimer and Hearing Impaired societies and Seniors' Expo.

Harold is particularly proud of his involvement with the Canadian Legion. He joined the Vimy

Secretariat Newsletter

The Secretariat Newsletter is published four times a year by the Senior Citizens' Secretariat and distributed free of charge. We welcome letters, articles, and items of interest from you. Please include your name, address, and telephone number on all correspondence.

The Senior Citizens' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies, and programs presented by the departments of the provincial government. The Secretariat serves as a one-door entry to government for seniors, seniors' groups, and other provincial bodies concerned with ageing issues. The Secretariat develops plans, policies, and programs in partnership with other levels of government and agencies responsible for seniors.

The Secretariat's office is located at 1740 Granville Street, 4th floor, P.O. Box 2065, Halifax, NS B3J 2Z1. Tel (902) 424-0065; fax (902) 424-0561; toll-free 1-800-670-0065. E-mail scs@gov.ns.ca Website www.gov.ns.ca/scs

Branch in 1983 and has chaired a number of committees over the years. He is a member of RCAF Association #111 Wing, Wartime Aircrew Association, former member, Last Post Fund and member of Zone 14 RCL Board. The Legion has recognized his service with a Life Membership and a Meritorious Service Award Medal.

Harold's family includes wife Elva, daughter Margaret Swire, three grandchildren, six great-grandchildren; brothers Frank and Mike and sisters Stella Hoadley, Joan Martin and Theresa Bowden.

Congratulations Harold and thank you for your many years of support with the Secretariat.

Caregiving Is For All Ages

May 11–17th is Family Caregiver Week in Nova Scotia

Bring a caregiver to lunch, May 16th at the Holiday Inn, Dartmouth

Caregivers, policy makers and FCgANS supporters will attend the Caregiver Luncheon to recognize caregivers.

Guest Speaker, MP Alexa McDonough—Call for reservations

Family Caregivers' Association of Nova Scotia recognizes caregivers for their significant role in our health care system. The theme this year is "Caregivers For All Ages."

Please call 1-877-488-7390 for reservations. The luncheon will run from 11:30 am to 1:30 pm. The ticket price is $25.00 per person. Learn more about caregiving and FCgANS by logging onto www.caregiversNS.org.

A caregiver provides support to family and friends. Caregivers are spouses, children of all ages, in-laws, siblings, partners and other extended family members and friends. Caregivers provide care in their homes, in care facilities and from a distance. Caregivers have a special relationship with their care receivers.

For further information, contact: Sara Gillett, Director of Communications Family Caregivers' Association of Nova Scotia, Phone: 902-835-0752, sara@caregiversNS.org

Nova Scotia Seniors' Pharmacare Program

The Department of Health announced changes to the Seniors' Pharmacare Program effective April 1, 2003. The following questions and answers will help explain the changes. For more information, please call toll-free at 1-800-544-6191.

What changes have been made to the Nova Scotia Seniors' Pharmacare Program?

The premium will not increase and will remain at $336 per year. The co-pay (the portion of the prescription cost seniors pay to their pharmacies when they have their prescriptions filled) will also remain at 33% of the total prescription cost to a maximum of $350 per year.

Effective April 1, 2003, seniors will not pay more than $30 for any one prescription when paying their co-pay.

Example 1: Prescription costs $20

Senior's co-pay = $6.60 (33% of $20 = $6.60)

Pharmacare pays the remaining = $13.40

Example 2: Prescription costs $200

Senior's co-pay = $30 (33% of $200 = $66.00 but capped at $30)

Pharmacare pays the remaining = $170

Seniors will continue to:

- receive a premium exemption if they receive the Guaranteed Income Supplement (GIS) from the federal government;
- pay a premium of $336 per year (payable all at once, quarterly or monthly) or receive a premium reduction if:
  - he/she is single, and their income is less than $24,000 a year; or
  - he/she is married, and their combined income adds up to less than $28,000 a year;
- access drug coverage available to them through their private plan, Veterans Affairs Canada, or First Nations and Inuit Health.

Source: Nova Scotia Department of Health

Senior Citizens' Secretariat Information Resource Centre

All the material listed below is available for loan from the Information Resource Centre. Contact us at (toll-free)1-800-670-0065, or fax 1-902-424-0561, or e-mail scs@gov.ns.ca. If you can't pick up the material in person at the Secretariat, we will mail it to you.

Book Briefs: Adult Children and their Parents

Mothers and Fathers: Health and Financial Advice to Share with your Parents, by Louis Sapi and Peter Zawadzki. Toronto: Prentice Hall, 2000.

"As we grow older, so do our parents. Canadians are living longer than ever before and our parents will likely require greater assistance than previous generations in managing their health and financial matters. In *Mothers & Fathers*, the authors take us on a journey through the health and financial issues encountered by many of our parents. The book provides practical advice and the authors share their own personal experiences—triumphs and tribulations—to help us find the best way to meet our parents' needs or those of an ageing loved one in a climate of trust and acceptance." —*back cover*

Caring for your Parents in their Senior Years: A Guide for Grown-up Children, by William Molloy. Buffalo: Firefly Books, 1998.

"For many of us, our first experience of ageing comes with our parents. As we watch them grow older, we must face some difficult questions: what if they get sick and require long-term care? How can I be sure they're all right if I live thousands of miles away. How can they be looked after when they can no longer look after themselves? Squeezed between the competing demands of work, children, spouses and parents, many people find it difficult to cope. *Caring for Your Parents* ... is written expressly for children who want to help their elderly parents. With sections on housing and personal care, legal and financial planning, and grief and bereavement, this comprehensive guide provides the tools necessary to help everyone handle ageing in a healthy and caring fashion."—*back cover*

Where Will They Live? A Guide to Help you Help Your Parents with Their Housing Decisions, by Barbara H. Carter. Toronto: Stoddart, 2001.

"Housing expert and consultant Barbara Carter explains how parents and children can avoid or defuse conflict by considering housing options before a crisis arises. Everything you need to know is here, from detailed comparisons of the different options—long-term care, home care, retirement residences—to advice on how to work with lawyers, doctors, financial planners, and occupational therapists, to lists of resources."—*back cover*

Parenting Your Parents: Support Strategies for Meeting the Challenge of Aging in the Family, by Bart Mindszenthy and Michael Gordon.

"This book examines the lives of fifteen families who are encountering the same obstacles that you are. Here you will learn to: work with your siblings; identify and understand substance abuse; identify and work with dementia from the early stages to advanced; create an action plan that will work for you and your parents. With reflections and advice from one of Canada's pre-eminent geriatric physicians, *Parenting Your Parents* is a valuable resource for anyone facing this special family crisis."—*back cover*

Other books recently received in the Information Resource Centre include:

Building on Values: The Future of Health Care in Canada—Final Report, by Roy J. Romanow. Saskatoon: The commission on the Future of Health Care in Canada, 2002

Continuing the Care: The Issues and Challenges for Long-term Care. Ottawa: Canadian Healthcare Association Press, 2002.

The Fountain of Age, by Betty Friedan. New York: Simon & Schuster, 1993.

Give Me a Break!: Helping Family Caregivers of Seniors Overcome Barriers to Respite, by Linda Lysne. Ottawa: Canadian Association for Community Care, 2002.

Maintaining Seniors' Independence Through Home Adaptations: A Self-Assessment Guide. Ottawa: Canada Mortgage and Housing, 2002.

An Older World: Reflections on the Second World Assembly on Ageing and NGO Forum. Montreal, International Federation on Ageing, 2002.

Report of the Second World Assembly on Ageing: Madrid, 8–12 April 2002. New York: United Nations, 2002.

Three Hundred Incredible Things for Seniors on the Internet, by Joe West. Marietta, GA: 300incredible.com, 2000.

Updates

Nova Scotia Seniors' Safe Driving Committee

The Nova Scotia Senior Citizens' Secretariat established the Nova Scotia Seniors' Safe Driving Committee in 1995. The committee represents the interests and protects the driving privileges of the more than 83,000 citizens of this province, over the age of 65, who hold driving licenses. The Committee is chaired by Rex Guy. Other members include Dr. Fred MacKinnon, Robie Horne, Joan Lay, Ernie Pass and Valerie White.

During the past year the Seniors' Safe Driving Committee has been busy working to persuade the insurance industry to treat seniors fairly. Insurance issues of concern raised by the committee, include dramatic increases in the cost of automobile insurance, age based requirements for medical certificates of fitness and the possibility of no-fault insurance.

In September 2002, the committee presented a formal brief to the Nova Scotia Utility and Review Board's examination of automobile insurance rates in the province. The committee has also met with the Insurance Bureau of Canada on a number of occasions to present the perspective of seniors on these matters.

Additionally, the committee actively promotes the senior safe driving courses. The committee was instrumental in the introduction of the $40 provincial subsidy for course participants. Well over 3,000 Nova Scotia seniors have taken the driver refresher courses that are offered throughout Nova Scotia. Future efforts of the committee will be directed at boosting attendance further.

Other recent committee activities include promoting a return to dual license plates for Nova Scotia vehicles and raising concerns about the reduction in availability of full service fueling at Nova Scotia gas stations.

Stephen Coyle, Research/Policy Analyst
Senior Citizens' Secretariat

Seniors for Literacy

According to The International Adult Literacy Survey conducted in 1996, about seventy percent of older Canadians, age 56 and over, have difficulty with reading and numeracy skills. From these results it was estimated that fifty-eight percent of Nova Scotia seniors function at a very low level of literacy, and twenty-seven percent have limited literacy skills. (HRDC.NLS Newsletter. Volume 1. Issue 3). This means, for example, that some eighty-five percent of Nova Scotia seniors could be expected to have difficulty in identifying the amount of medication to take (very low level of literacy), or, can understand it only if it is written in simple language (limited literacy).

To reach out to these seniors, the Nova Scotia Seniors for Literacy Committee is developing a resource kit which will assist adult literacy organizations in beginning to adapt their programs to seniors, in creating community awareness and in promoting literacy programs for seniors. The kit will contain strategies for delivering a series of literacy workshops for seniors, teaching tips, tools, and resources compiled from extensive research in the area of literacy and the older adult.

The project is Phase 2 of the overall *Nova Scotia Seniors for Literacy Project* which resulted from a needs assessment conducted in Phase 1 among seniors and Community Learning Initiative Coordinators around the province. That 2001 study indicated a need to provide accessible

special programming and resource teaching materials to accommodate the literacy requirements of seniors.

Plans are currently being made to develop Phase 3 during which time the Seniors' Literacy Resource Kit will be assessed and evaluated for its applicability. The resource kit will be tested in six community learning programs with older adult enrollees in order to assess its relevance to both learners and tutors. Special programming will consist of a series of literacy workshops for seniors using the Seniors' Literacy Resource Kit.

Marguerite McMillan
Coordinator, Seniors for Literacy Project

Nova Scotia Medication Awareness Committee

The Nova Scotia Senior Citizens' Secretariat established the Nova Scotia Medication Awareness Committee in 2001. The committee's role is to develop medication awareness initiative to improve the health and quality of life for seniors in Nova Scotia. This will be accomplished through education that will lead to the more coordinated and informed use of medications. The committee will coordinate the implementation and operation of awareness initiatives in conjunction with partners. The Committee is chaired by John Harwood. Other members include John Ryan, Jane McNiven, Colin Powell, Dawn Frail, Leo Van Dijk, Jack MacIsaac, Michelle MacDonald, and Valerie White.

The committee is planning a number of important initiatives, but the highest priority has been assigned to a program based on the pamphlet, "Knowledge is the Best Medicine" and a Medication Record booklet that is essentially a passport to the sensible use of medications. The materials will be provided free of charge by the Research Based Pharmaceutical Companies of Canada (Rx&D). The objective of the project will be to reach as many seniors as is practical. Details on this exciting medication project will be available in the next issue of this newsletter.

Stephen Coyle, Research/Policy Analyst
Senior Citizens' Secretariat

Consultations

Staff meet on a monthly basis with representatives of the Group of IX senior organizations. The purpose is to discuss issues of concern and make specific recommendations to the Minister of Health on Pharmacare and Continuing Care.

A sub-committee of the Group of IX is currently reviewing options and recommendations to long-term care and small options homes. The Minister of Health has asked the Group of IX to review small option home policy changes currently being developed.

Staff also organize consultations with representatives of other seniors organizations, senior centres, and other interested groups in the spring and fall.

A special consultation will be held in March which will provide a forum to discuss the viability of Senior Games in Nova Scotia. Those seniors who attended the National Senior Games in P.E.I. and representatives from the field of recreation have been invited to attend. Ted Lawlor, Provincial Amateur Sport Coordinator, Department of Culture, Heritage, Recreation and Sport PEI and Sharon Knox, Immediate Past President of the Canadian Senior Games, will be special speakers and this event. The consultation is co-sponsored by the Secretariat and the Sport and Recreation Commission.

Valerie White, Executive Director
Senior Citizens' Secretariat

How All of Canada Can Learn From a Nova Scotia Initiative

Ophthalmologists, optometrists and family doctors have come together in Nova Scotia and devised a model for eye care that proponents believe has transformed diagnosis and treatment in the province.

"Only 15 per cent of diabetics were getting routine eye care before," says Dr. David Dobbelsteyn, an optometrist with the Nova Scotia Eye Care Working Group in Halifax. "Now, the number is probably 50 per cent."

That dramatic change, accomplished with lessened waiting times and reduced public expense, flows from a simple premise that has taken years of hard work to implement: Family doctors and optometrists can play a significant role in diagnosing and following certain eye conditions, creating more patient access to care and better using the time of the limited numbers of ophthalmologists.

Developed by the Eye Care Working Group, this initiative called the Comprehensive Vision Care Program uses models for referrals that have had impressive buy-in across the several professional communities involved, not least because all participated in their creation.

"The general practitioner is the centre of the wheel, sending patients on to the optometrist who then sends them on, if necessary, to the ophthalmologist," explains Dr. Dobbelsteyn of the Coalition.

This means earlier diagnosis and a rational progression to increasingly specialized care as needed.

Dr. Raymond LeBlanc, chair of the National Coalition for Vision Health and chief of ophthalmology at Dalhousie University in Halifax, remarks of the Nova Scotia model that "we've always insisted that it be a patient-centre process."

In his submission to the recent Romanow Commission on health care, Dr. LeBlanc noted that the Nova Scotia group "has developed algorithms to guide the family doctor and optometrist in his or her decisions about when and where to refer persons with diabetes, patients with diabetic retinopathy and patients with red eye. These models acknowledge that family doctors and optometrists are, by training and experience, capable and appropriate to manage many aspects of diabetes, diabetic retinopathy and red eye."

With deliberations dating to 1994, the effort was hardly accomplished overnight. Changes to the Nova Scotia Optometry and Pharmacy Acts were required to allow optometrists to prescribe certain antibiotics, for example, and for billing codes to be adjusted to reflect these professionals' expanded role. Not least, all involved practitioners were invited to participate in the ongoing discussions.

While the Comprehensive Vision Care Program is still only active in the one relatively small province, Dr. LeBlanc told the Romanow Commission that "the model can be easily adapted to reflect the geographic, demographic and cultural realities of any given province or territory."

There will still be some political realities to overcome, however. Despite being greatly overloaded by patient demand, not all ophthalmologists are ready to cede so much of primary eye care to optometrists, who are vision professionals but not physicians.

But training in optometry has already expanded considerably in the past two decades, and creating new models of care will further influence the training background of the involved professionals.

"If you work co-operatively on a model," Dr. LeBlanc notes, "you get an opportunity to help mould the scope of practice of everybody in the model. And we do have good training for optometry in Canada."

As it happens, there's no longer much debate in Nova Scotia that the model has improved access to eye care considerably.

"Everybody involved with the program," reports Dr. Dobbelsteyn, "knows and says it's the best model for patient care."

Source: *The Globe and Mail*, Tuesday, February 18, 2003

Upcoming Annual General Meetings/Events

The Federal Superannuates National Association, Cumberland Branch, will hold their annual general meeting April 11, beginning at 5:30 P.M. at the Community College, Springhill Campus, followed by a Pot Luck dinner. All members and prospective members are welcome. For further information, contact: Ken Brown at 463-2832 or nsfsna@attcanada.ca

The Federation of Seniors Citizens and Pensioners of Nova Scotia will hold their annual convention on May 7th and 8th in Truro at the Howard Johnson Hotel and Convention Centre, formally Keddy's Motor Inn. For further information, contact: Eileen Amirault at 902-762-2058 or roadrunner@Klis.com

The Gerontology Association of Nova Scotia will hold their annual general meeting in late May or early June 2003. For further information, contact: Nila Ipson at 902-494-3391 or nila.ipson@dal.ca

The Nova Scotia Government Retired Employees Association will hold their annual general meeting at the Holiday Inn, Dartmouth on September 22, 2003. For further information, contact: Bernie LaRusic at 902-562-1901.

The Regroupement des Aînées et Aînés de la N-É annual general meeting will be held in early November 2003. For further information, contact: Omer Blinn at 902-769-2258 or omer.bern.blinn@ns.sympatico.ca

Hip Hip Hooray 2003

The 12th annual walk for bone and joint health.

Come celebrate your mobility!

Canadian Martyrs Parish Center
5900 Inglis St., Halifax, N.S.
Saturday, May 24, 2003

For more information call
902-473-2966

Seniors' Week

Seniors' Week 2003 will be held from June 15th–June 21st.

The theme this year will be Life Long Learning—It's About Living!

This week will provide an excellent opportunity for Senior Citizens' Clubs, Councils and Seniors' Organizations to celebrate and send a message to the community about the positive aspects of aging and the many creative and fulfilling activities enjoyed by older adults.

Patient Advice and Liaison Services (PALS)

The Department of Health has published a resource pack to support the implementation of Patient Advice and Liaison Services (PALS), which came into effect in April. This sets out the key functions of PALS, and the relationship with other bodies such as Patients' Forums. Core standards are also included, which should enable PALS to be consistent across the country.

Supporting the implementation of Patient Service and Liaison Services-a resource pack. Copies available free from the Department of Health, PO Box 777, London SE1 6XH; or from the NHS Response Line on 08701 555455 (quoting reference 26250).

Source: *Working With Older People*, Volume 6, Issue 2, June 2002

Website of Interest

ASA-CDC Health Promotion Program: Strategies for Cognitive Vitality

The American Society on Ageing and the Royal Institute of Applied Gerontology at California State University, Los Angeles have created strategies and materials to enhance the capacity of national, state and local organizations in serving the health promotion and disease prevention needs of older adults.

For more information contact: www.asaging.org/cdc/

Tomatoes Can Keep You Healthy

Everyone knows that bright red tomatoes are good for you. What about when tomatoes turned into sauce for pizza or in pasta?

Tomatoes, like many other plant foods, possess a wide variety of compounds called phytochemicals, which have been found to help reduce the risk of several different diseases.

When it comes to tomatoes, they provide one of the richest sources of lycopene. Lycopene may help in the prevention of several types of cancer and heart disease.

Cooked tomatoes—those found in sauce, paste and ketchup—seem to provide more lycopene than raw tomatoes.

So enjoy that pasta or pizza sauce! Just keep the other ingredients on the healthy side. Produced by ADA's Public Relations Team.

Source: American Dietetic Association

Senior Friendly Ideas for Healthy Eating

- Planning Meals: Using *Canada's Food Guide to Healthy Eating*
- Planning Meals: Variety and Balance
- Planning Meals: Fibre Facts
- Planning Meals: The Fat Challenge

- Shopping for One or Two: Planning
- Shopping for One or Two: On a Budget
- Cooking for One or Two: Meal Preparation Made Easy
- Cooking for One or Two: Easy Meals to Make
- Cooking for One or Two: Creative Use of Leftovers
- Cooking for One or Two: Ready-Made Meals
- Cooking for One or Two: Emergency Food Shelf
- Cooking for One or Two: Eating Alone

Website: www.dietitians.ca/english/frames.html

Education and Support—InfoLine

What is the purpose of the InfoLine and why was it set up?

This community-based service has been designed to enhance accessibility to information, support and referral services for people diagnosed with Alzheimer Disease and other Dementias and their families, caregivers, care providers and communities throughout Nova Scotia.

"We're here to provide information and support"

The line has been in operation since May 21 and since then has received a total of 118 requests for information/support. We currently have 4 trained volunteers, Anne Hallisey, Olive McIldoon, Barbara Mulrooney and Joy Wilmhurst, who are prepared to answer your questions and provide support and information, whether by phone or walk-in visit.

"We're here to provide information and support to families affected by Alzheimer Disease. We're accessible to the entire province, not just the Metro Area."

How Can I Access the InfoLine?

By calling: 422- 7961 or 1-800-611-6345 (outside metro); email: info@alzheimer.ns.ca; or visiting our office: 5954 Spring Garden Road, Halifax.

Who can call the InfoLine?

Whether you've been diagnosed yourself or are a family member, care provider, friend, health professional, or are just looking for some information, we can help.

"The majority of our calls come from family members, i.e. son, daughter, spouse of the person who has been diagnosed."

What types of questions or information can be provided?

Although we don't offer advice, there is always a compassioate listener available to offer support, referral services throughout the province and answer your questions on such topics as general information on Alzheimer Disease and other Dementias, legal issues, support specific to your community, medication, communication, long-distance care giving and strategies on how to cope with the changes happening with you or your loved one.

"Most often the care provider/family member is exhausted and looking for answers on where to go from here, where to get help, what to expect. They feel they're drowning in their problems alone and are quite appreciative of the service we provide, especially knowing their problems are not unique only to them. We also seem to get a number of calls from family members who live away and are looking for information on Long-Distance Caregiving."

What if I have more questions after I receive the information?

You can call the InfoLine as often as you need to and we will do our best to answer all your questions. In addition to that, we have included a follow-up component, whereas, all callers will receive a follow-up call two weeks after their initial contact. Our volunteers check in with you to determine how things are since the previous contact, if the information was received and was helpful, and if there are any other questions you have.

"Even if I help just a little bit, I've helped and that is very satisfying."

"For the most part, people are really appreciative of the follow-up call and that we've taken the time to check in on them. Quite often it gives them the opportunity to update us on what's been happening over the past few weeks and to ask any questions around the information they received."

If I want to volunteer with the InfoLine, what type of training will I receive?

In May of this year, our volunteers attended in-depth training consisting of two four-hour training sessions. The first was facilitated by the Help Line and offered tips on listening skills and appropriate answers to questions, among other things. The second was offered by staff at the Alzheimer Society of Nova Scotia and focused on the disease and procedures associated with the position.

"The training was excellent. With my personal experience associated with Alzheimer Disease, I felt very prepared to begin my new volunteer role. I think it's natural to feel a bit nervous because you don't know what kinds of questions to expect when the phone rings, but after you do it a few times, you realize how much help you are to others just by listening."

Source: *Alzheimer Society Nova Scotia Newsletter*, Summer/Fall 2002

Caregiver Tax Tips

Are you claiming the tax credits listed below that you are entitled to as a caregiver? For more information, read your tax guide, call the Revenue Agency at 1-800-959-8281 or speak with a financial advisor.

Definition of partner: the person to whom you are legally married; or a person of the opposite sex or same sex whom you have a relationship with if: you have been living and having a relationship with him/her for 12 months; or he/she is the natural or adoptive parent of your child; or he/she lived with you for 12 months.

1. *Basic Personal Credit*—you are eligible to claim $7,412.
2. *Caregiver Credit*—up to $3,500 if you maintained a dwelling where you lived with a dependent who was 18 or over, had a net income less than $15,453 and born in 1936 or earlier.
3. *Age Credit*—you are eligible to claim $3,619 if your were 65 in 2001.
4. *Spousal Credit*—claim $6,923 if you had a partner you supported in 2001.
5. *Dependent Disability Credit*—if you claimed either 2, 7 or 8, you are eligible to claim any disability amount a dependent does not claim.
6. *Spousal Transfer Credit*—claim any part of your partner's age, disability pension, or tuition and education credit he/she does not claim.
7. *Eligible Dependent Credit*—claim $6,293 if you supported a dependent who lived with you and you were single, divorced, separated or widowed in 2001.
8. *Infirm Dependent Credit*—up to $3,500 for each dependent relative.
9. *Personal Disability Credit*—up to $6,000 if a health professional certifies your daily living was greatly restricted in 2001.
10. *Credits for Medical Expenses*—claim medical expenses paid for in 2001.

Source: Canada Customs and Revenue Agency

Favourite Physician Proverbs

"Nature, time, and patience are three great physicians."

"The best physicians are Dr. Diet, Dr. Quiet, and Dr. Merryman."

"When fate arrives, the physician becomes a fool."

"When the clever doctor fails, try one less clever."

"The superior doctor prevents sickness; the mediocre doctor attends to impending sickness; and the inferior doctor treats actual sickness."

"Fat-free" Tricks

Today, food labels shouting "fat-free" or "low-fat" seem to be everywhere on your grocer's shelves.

But are they the foods you should be reaching for?

Not necessarily. Here's why:

- They usually contain just as many—if not more—calories than their full-fat counterparts.

That's because manufacturers usually add extra sugar in place of the lost fat to keep our taste buds happy.

- In order to be able to claim "fat-free," (less than 0.5 gram of fat per serving), manufacturers sometimes shrink the serving size. So you're getting less fat, but also less food.

Bottom line: You don't see the label "fat-free" or "low-fat" on foods that are generally healthy for you like fruits, vegetables, and whole-grain breads.

Most foods labeled "fat-free" or "low-fat": are foods that should be eaten in moderation—for once-in-a-while treats.

Source: NutritionNewsFocus.com

Preventing Hip Fractures

Moderate physical activity can help protect against hip fractures for people of any age, but it's especially important when you grow older. People who become less active as they age increase their risk of breaking a hip.

A study of 13,183 women and 17,045 men between the ages of 20 to 93 found that active women's risk of hip fracture was

28% less than that of sedentary women. Active men had a 25% lower risk of breaking their hip than sedentary men.

People who had been active but became sedentary had about twice the risk of hip fracture as those who remained active.

Increasing physical activity beyond the moderate range of two to four hours per day did not appear to give any added protection against fractures.

Source: *American Journal of Epidemiology*, Vol. 154, Pg. 60

How to be a Good Hospital Visitor

Many people believe that the only thing worse than being in the hospital is to visit someone who is.

What do you say? What should you do?

- Be yourself. There is no right way or right thing to say. Visiting is more about being there than being perfect.

  But be sensitive to the patient's mood. Adjust the volume of your voice, your humor, and overall demeanor in response to where the patient is emotionally.
- Listen. God gave you two ears and only one mouth for a good reason.
- Offer support—not opinions or judgment. Acknowledge that the patient's concerns are valid and real. He or she needs comfort, not judgment.
- Don't say you know exactly how they feel because of something you've experienced or because someone else you know had the same ailment.
- Look for practical things you can do. Throw out wilted flowers, comb their hair, get them something to drink, or wash their face. Or offer to do something for them at home.
- Be respectful of their "roommate." Don't be too noisy.
- Respect privacy. If a doctor or nurse arrives, step out for a minute or two.
- Don't stay too long. Most patients find it hard to ask visitors to leave. Fifteen minutes is generally a good guideline.
- If it's appropriate, touch can be very powerful. Holding someone's hand at a time when they are confronting pain, uncertainty, or fear can be comforting.

Source: Adapted from *Living Better: Every Patient's Guide to Living with Illness*, by Carol Langenfeld, MSEd, OPC, NCC, and Douglas Langenfeld, MBA, CPA

HRT and Breast Cancer

If you take hormone replacement therapy (HRT) after menopause, your risk of breast cancer and heart disease may go up.

HRT in this study was Prempro (estrogen plus a synthetic progestin).

The jury's still out on the effects of taking only estrogen (women who've had hysterctomies). But for those taking both estrogen and this synthetic progesterone (women who still have a uterus), the risk for breast cancer and heart disease was slightly higher than for women not using HRT.

Bottom line: The decision to use or not use hormones should take more into account than a woman's risk of breast cancer or heart disease. It should also give serious consideration to her risk of osteoporosis, (which hormones may help prevent), and the degree of discomfort she has with menopausal symptoms (e.g., vaginal dryness, sleep problems, depression).

These along with the slightly increased risks for breast cancer and heart disease are all important issues, and every woman thinking about hormone replacement should have a long talk with her doctor to carefully weigh the pros and cons of HRT.

Source: *Journal of the American Medical Association*, Vol. 288, Pg. 321

Low-fat vs. Low-calorie

Low-calorie may be better than low-fat when it comes to diets that help prevent heart disease.

In a recent study, several groups of men were put on different diets. One was a low-fat diet with no restriction of calories. Another was a low-fat and calorie- restricted diet. And the other was a low-calorie diet with no fat restriction.

All the men lost some weight, and all saw their "bad" LDL cholesterol levels drop.

But the surprise was that those on the low-fat diets saw their triglycerides (a blood fat) go up and their "good" HDL cholesterol go down, just the opposite of what you want to have happen.

Only those men who restricted the number of calories they ate saw improvement in tryglycerides and HDL cholesterol.

Bottom line: A very low-fat diet may not be the best way for most people to lower their risk of heart disease. Eating fewer calories, along with mostly "good" fats like olive oil and fatty fish, may be the better health choice.

Source: *American Journal of Clinical Nutrition*, Vol. 73, Pg. 262

Brain Attack

About half the damage of a stroke ("brain attack") occurs within the first 90 minutes.

Ninety percent occurs by three hours, and 99% by six hours.

Yet the average person waits 22 hours before getting medical help.

It's important to get to a hospital as soon as possible after symptoms of a stroke begin. There, clot busting drugs can be given (for blood-clot-blocking strokes—not bleeding strokes) to minimize brain damage.

Stroke symptoms: Sudden, severe headache with no known cause; unexplained dizziness, unsteadiness, or sudden falls; sudden dimness or loss of vision, particularly in one eye; sudden difficulty speaking or trouble understanding speech; and sudden weakness or numbness of the face, arm, or leg on one side of the body.

Source: National Institute of Neurological Disorders and Stroke

If You Drive At Night:

This could be an eye-opener

Night vision gradually starts to deteriorate in your 20s.

For every 15 years of life, the amount of light admitted to the eye is cut by as much as half.

Also, the light that does get into your eyes tends to scatter more, which can create a glare at night.

The average 60-year-old needs three times as much light to see well at night as the average 20-year-old.

Tips for Night Drivers

- Slow down to compensate for reduced night vision.
- Turn on your headlights at twilight to help other motorists see you.
- Try to look forward and slightly to the right if oncoming headlights are too glaring.

Source: *Family Safety and Health*, Vol. 55, No.1

If You Take Medicine, Take Care of Your Kidneys

As people age, their kidneys often work less efficiently, and their ability to eliminate waste, including medications, tends to deteriorate. This can cause unwanted side effects, even kidney damage.

So before starting a new medication for a chronic ailment, take the following precautions:

1. Ask your doctor if you can take less than the usual dosage. You may be able to start on a low dose and gradually increase it to a point that it's effective—while still staying below the toxic level.
2. Stay alert for symptoms like fatigue, confusion, constipation, incontinence, or unsteady gait. These could signal a drug overdose for you. Tell your doctor and he may be able to switch you to a lower dose or a different drug.
3. Review all your medications with your doctor at least every six months. Ask whether any dosages can be reduced, or if you should discontinue a medication.
4. Be alert if you're taking over-the-counter NSAIDS, such as aspirin, ibuprofen, naproxen, and ketoprofen. These drugs can damage the kidneys, especially when taken at moderate-to-high doses for longer than a few days. Combination painkillers containing, for example, aspirin, acetaminophen, and caffeine seem to be a particular problem.

A number of prescription drugs can also harm the kidneys.

If You Take NSAIDS

Make sure you read—and take seriously—the warning label on these over-the-counter drugs.

Don't use them more than 10 days for pain, or more than three days for fever.

Use NSAIDS only under your doctor's supervision if you take them for a chronic condition, have heart disease, high blood pressure, kidney disease or liver disease, if you take diuretic medications, or are over 65.

Avoid prolonged use of any drug that contains a mixture of painkilling ingredients.

Drink at least six to eight glasses of water a day.

Make sure your doctor knows about all medicines you are taking—including over-the-counter ones.

If you must take NSAIDS regularly, ask your doctor about checking your kidney function—just to be safe.

Source: National Kidney Foundation

Doc Talk

Victor J. Barry, DDS

With all the hype around electric toothbrushes, you may be feeling guilty if you haven't "bucked up" for one yet.

Don't be. The American Dental Association says the standard manual toothbrush can do just as good a job at plaque removal.

In one study, however, both dentists and patients agreed after a few months that the patients' oral health seemed to improve with the use of a powered toothbrush. But perhaps patients were just spending more time in front of their mirrors.

That said, other studies show that people spend a lot less time brushing than they think. Try timing yourself. It's usually a matter of seconds, not minutes (ideal brushing time is 3 to 4 minutes).

Ads portray electric toothbrushes as "magic toothpaste-covered wands" for your teeth. No matter how long you leave one in your mouth, however, it doesn't rub off the plaque between teeth and under bridges.

Only floss can do that. But if you're on a tight schedule, or have a physical impairment, an electric toothbrush can help.

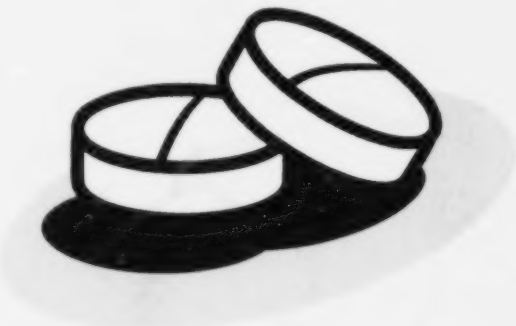
Bottom line: Dental disease prevention does not depend on batteries. It's simply a combination of controlling plaque with daily brushing and flossing, and reducing the intake of plaque fuel, sugar. The most damage for adults comes from the habitual intake of hidden sugars—in breath mints, gum, soft drinks, and chewable vitamins.

Source: *Looking Forward—Hope Heart Institute*, Vol. 15, No. 6—Early Winter 2002

Asprin and Ibuprofen

If you take ibuprofen (e.g., Advil) for arthritis pain, you may be canceling out the benefits of the aspirin you take to guard against a heart attack.

Ibuprofen cancels out aspirin's clot-busting ability, say researchers.



"We suspect many millions of people take both of these drugs," says researcher Garret FitzGerald. "Because both drugs are sold over-the-counter, there are probably very few people who consult their doctor about possible drug interactions."

What should you do if you need both drugs? The American Heart Association suggests that people ask their doctor about switching from ibuprofen to a different anti-inflammatory.

Source: *New England Journal of Medicine*, Vol. 345, Pg. 1809

Grief—Normal and Necessary

Grief is something we all feel at some point in our lives, often multiple times. When we lose someone close to us, grief is natural, normal—and necessary.

What you need to know about grief

- Symptoms: Shock, anxiety, or emotional numbness may be initial reactions. Over time, other symptoms can emerge: depression, anger, guilt, helplessness, and social withdrawal.

  Physical symptoms can include trouble sleeping, fatigue, crying, appetite loss, gastrointestinal upset, and chest pains.
- There is no one "normal" way to respond to a loss. Some people can stay relatively positive, especially if they have lots of emotional and social support. Others feel more distress that lasts for a long period of time.
- It's important to process our feelings rather than bottle them up.

  Returning to "business as usual" is not the best remedy long-term, say mental health experts.
- A strong, solid support system is one key to helping people cope with loss. This can be family, friends, a religious organization, or a bereavement support group.

  Experts agree that talking through feelings is an important part of most people's recovery.
- Feeling grief can reduce immune system function, leaving people vulnerable to infections and even cancer. That's why it's important to seek some kind of help and support so that recovery is not prolonged.
- If you feel you need help, talk to a mental health professional. Treatment options can include one-on-one talk therapy, support groups, and/or antidepressants or anti-anxiety drugs.
- Other therapies: meditation, exercise, and art and music therapy.

Sources: Roxane Cohen Silver; PhD; Karl Goodkin, MD, PhD

Body, Mind and Soul

"I believe the second half of one's life is meant to be better than the first half. The first half is finding out how you do it. And the second half is enjoying it."

Frances Lear

"History is a vast early-warning system."

Norman Cousins

"In spite of the cost of living, it's still popular."

Kathleen Norris

"Education is when you read the fine print. Experience is what you get if you don't."

Pete Seeger

"The unfortunate thing about this world is that good habits are so much easier to give up than bad ones."

W. Somerset Maugham

"Humor is laughing at what you haven't got when you ought to have it."
Langston Hughes

This n' That

Listen up, Doc!

When over 800 patients waiting to see their doctors answered questions about what they wanted out of their medical consultation, most said they wanted "communication", not a prescription.

Most patients said they wanted their doctor to:

- Listen to them, and then talk to them, about their concerns.
- Form a "partnership" with them, including discussion and mutual agreement about treatment.
- Give them advice on how to stay healthy and reduce the risks of future illness.

Source: *British Medical Journal*, Vol. 322, Pg. 468

A Second Opinion

It makes sense to seek a second medical opinion when:

- Your doctor recommends major surgery.
- You have unanswered questions.
- You feel uncomfortable about the advice you've been given.
- You're diagnosed with a serious illness.
- You're told the recommended treatment has serious risks or side effects.
- You're told you need an experimental treatment.
- You're interested in treatment options your doctor isn't familiar with.
- You've tried a treatment that hasn't worked.

Source: Hope Heart Institute, Seattle

Cinema More Accessible

From Marla Cranston, The Daily News

Going to the movies is something most of us take for granted, but it just became possible for deaf and blind people in Halifax. Park Lane 8 Cinemas became the first movie theatre in Atlantic Canada equipped to accommodate visually and hearing-impaired movie-goers.

For people who can't hear properly there is Rear Window Captioning, with individual plexiglass screens that reflect red lettering projected from the back wall of the theatre. People who can't see can follow the onscreen action, thanks to DVS Theatrical Systems, a descriptive narration heard through a headset.

A letter-writing campaign by students at a deaf school in London, Ont., prompted the theatre chain's move toward greater accessibility, said Andrew Sherbin, manager of corporate affairs for Famous Players.

"It's not just a community service, it's also a long-term investment as the population ages," Sherbin said, noting 10 per cent of Canadians are hard of hearing, while three per cent are visually impaired.

Developed by Boston's WGBH Media Access Group, the systems cost about $20,000 per cinema.

For now, just one theatre is equipped at Park Lane. To check future films for captioning and narration, see www.famousplayers.com and click on the RWC/DVS section, check printed listings for a RWC/DVS indication, or call the Park Lane Cinema hotline at 423-4860. When you arrive at the theatre, ask the box office for a screen or headset—22 of each are available.

The World Assembled on Ageing

by Simone Powell

This past April in Madrid, Spain, Canada joined 156 other countries, as well as non-governrnent organizations, to take part in the United Nations Second World Assembly on Ageing. The purpose was to modernize the International Plan of Action on Ageing that had been adopted at the First World Assembly on Ageing held in 1982, in Vienna. In the intervening years, some countries had incorporated ageing issues into various plans, policies and programs, but generally, adherence to the plan had been limited. Developing countries, in particular, faced a number of barriers to its implementation.

The Second World Assembly provided an opportunity to once again bring countries together to discuss the challenges of ageing and pin-point key issues. What made this Assembly different from the first one was that there would now be a greater focus on the issues facing developing countries, specifically, the relationship between ageing and development, in an increasingly global world.

The Canadian delegation, led by the Honourable Sharon Carstairs, Leader of the Government in the Senate and Minister with Special Responsibility for Palliative Care, had a very strong presence at the World Assembly. Other members of the Advisory Council on Ageing, the Congress of National Seniors Organizations, Help the Aged Canada, the Canadian Institute of Health Research's Institute of Ageing and the Quebec Ministry of Child and Family Services. In her address, Senator Carstairs talked about the progress Canada has made in maintaining and improving the health of seniors and decreasing the rate of poverty over the past few decades. She also outlined Canada's own priorities for addressing the challenges of its ageing population: improving health, well-being and independence in later life; enhancing the participation of older Canadians in economic and social life; strengthening supportive environments for seniors within Canada; and sustaining government programs benefiting older Canadians.

Ageing Matters, Globally

The fact is, the world is getting older. The number of people over the age of 60 will triple over the next 50 years, growing from approximately 600 million to nearly 2 billion. This is due to a combination of factors including a significant decrease of birthrates (below replacement level) and an increase in longevity. Currently, one in every ten persons is 60 years and older; by 2050, this number will grow to 1 in 5. At that point, nearly 80% of the world's older population will be living in less developed regions of the world.

For developing countries, these changing demographics are particularly challenging. In most developed countries, the population ageing process occurred gradually over time, following a long period of socio-economic growth. Developing countries are facing the challenges of development and rapid population ageing simultaneously. In other words, developed countries have had the chance to grow affluent before they grew old, whereas developing countries are growing old before their wealth increases.

The Plan of Action is a long-term strategy on ageing and a tool to help governments and other players develop priorities and policies that respond to the demographic changes and ensure that ageing has a place in all policy agendas. It identifies three priority directions:

- Older persons and development;
- Advancing health and well-being into old age; and
- Ensuring enabling and supportive environments.

These priorities reflect the broader goals of ensuring that "persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights." Along with these priorities, the Plan provides recommendations covering a wide range of issues.

Countries Are Not Equal and Neither is the Ageing Experience

The Plan acknowledges that the experience of ageing varies greatly between different regions of the world. To be poor, to be sick, or to be a woman in a developing country greatly alters the experience, of ageing. Older people, especially women, are consistently and disproportionately among the poorest of the poor, often lacking the basic necessities of food, water, shelter and health care.

In terms of health, older people in developing countries not only face a higher risk of chronic and degenerative diseases than in developed countries, they also face the continued threat of communicable diseases such as tuberculosis, and malaria and HIV/AIDS. In fact, older people have been greatly affected by the dramatic spread of HIV/AIDS. Older people, especially women, are the primary carers of family members infected with the virus as well as the children orphaned by it. For example, in Thailand, two-thirds of all those affected with HIV-related illnesses are nursed at home by parents in their 60's and 70'S. Furthermore, assumptions about the sexuality of older persons have left them at high risk of infection since public information campaigns do not include them as targets.

Older women living in developing countries face many challenges as a result of a lifetime of disadvantage and exclusion. Poor education and nutrition, as well as a lack of access to services and the labour market throughout life, leave many women facing old age in poor health and with few material resources. Also, while all older people are vulnerable to abuse as a result of increased frailty and dependence, older women remain most at risk due to a combination of age and related physical, social and economic disadvantages.

Finally, in rural areas of developing countries, where the majority of older adults live, traditional family supports and social networks have been threatened as a result of increased urbanization and migration of the young. This has left many older people isolated and at risk.

The Work Ahead for Canada

In comparison to many other regions of the world, Canada has made progress in improving the lives of older adults, particularly in terms of decreasing poverty. Nevertheless, the Plan of Action on Ageing does point to many areas that can be improved to better the lives of older adults. These include eradicating poverty; ensuring the availability and affordability of a range of housing options; implementing health promotion activities to support healthy ageing; ensuring employment opportunities for all older people who want to work; providing access to training and lifelong learning opportunities; implementing services for seniors living in rural areas; and strengthening relationships between generations.

Many of these areas come under federal responsibility. That is why, as a first step, federal departments and agencies are currently evaluating their programs and services with respect to the Madrid Plan of Action on Ageing. But, implementing the recommendations of the Plan of Action will require collaboration of government and non-government sectors alike. For example, The Plan calls for action in areas that are relevant to long-term care.

Recommendations for Long-Term Care

The very first recommendation of the Plan of Action addresses the issue of human rights. An important aspect of human rights is ensuring that older persons everywhere are able to age with dignity. Maintaining dignity in long-term care settings can be a serious challenge. Therefore, the recommendation to treat older adults fairly and with dignity, regardless of disability or other status, to take account of their needs and respect their right to live in dignity in all stages of life, is certainly relevant within the context of long-term care.

The Plan also stresses the need for a continuum of care that includes long-term care. Specifically, it calls for the establishment and coordination of a full range of services in the continuum of care, including prevention and promotion, primary care, acute care, rehabilitation, long-term and palliative care, so that resources can be deployed flexibly to meet the variable and changing health needs of older persons.

Palliative care is an important but sometimes overlooked element of health care systems. This is why the Plan recommends supporting the provision of palliative care and its integration into comprehensive health care. In addition, it calls for the development of standards for training and palliative care, and encourages multidisciplinary approaches for all service providers of palliative care.

The participation of older persons in all aspects of their care is crucial, not only for maintaining dignity, but also ensuring that their needs are met. The Plan recommends action which will not only fully include older persons in decision-making related to their own care, but also in the planning, implementation and evaluation of social and health care, including long-term and rehabilitative care.

In order to have long-term care that serves the needs of older persons, it is crucial that health workers and professionals have appropriate training. Thus, the Plan of Action recommends the initiation and promotion of education and training programs, as well as continuing education, for health professionals, social care professionals and informal care providers in the services for, and care of older persons.

Mental health problems are a growing concern and the number of older persons with mental illnesses is expected to increase as the population ages. The Plan of Action draws attention to this issue and recommends that mental health services be provided to older persons residing in long-term care facilities and that healthcare professionals receive on-going training in the detection and assessment of all mental disorders and depression.

Older adults, in all settings, face the risk of abuse and neglect. There are a number of reasons why older adults living in institutions can be vulnerable to abuse, including insufficient institutional resources and the difficulties encountered by healthcare workers. The Plan recommends that training for the caring professions includes how elder abuse is addressed in institutions. In addition, it calls for action which will encourage health and social service professionals, as well as the general public, to report suspected elder abuse.

The above highlights some of the many issues that were discussed during the Second World Assembly on Ageing. With so many recommendations, 117 in total, the task at hand does seem quite daunting. Without question, the transformation in the make-up of the population will have profound consequences on every aspect of life, for individuals and for societies. Yet, it is important not to lose sight of the positive side of population ageing. Too often we focus on the negative and see the ageing of the population as a problem to be solved and seniors as a burden to be borne. The reality is that people do not cease to contribute to society as they age. On the contrary, older adults have a lifetime of experience from which we can all benefit. The task for Canada, and all countries, is to ensure that we create the conditions so that people can age with dignity and remain full participants of society. In the words of Kofi Annan, Secretary-General of the United Nations:

"Trees grow strong over the years, rivers wider: Likewise, with age, human beings gain immeasurable depth and breadth of experience and wisdom. That is why older persons should not be only respected and revered: they should be utilized as the rich resource to society that they are."

Source: *Stride—Excellence in Long Term*, November 2002—January 2003

10 Tips for Mental Health

1. **Build Confidence**

   Identify your abilities *and* weaknesses together, accept them build on them and do the best with what you have.

2. **Eat right, Keep fit**

   A balanced diet, exercise and rest can help you to reduce stress and enjoy life.

3. **Make Time for Family and Friends**

   These relationships need to be nurtured; if taken for granted they will not be there to share life's joys and sorrows.

4. **Give and Accept Support**

   Friends and family relationships thrive when they are "put to the test".

5. **Create a Meaningful Budget**

   Financial problems cause stress. Over-spending on our "wants" instead of our "needs" is often the culprit.

6. **Volunteer**

   Being involved in community gives a sense of purpose and satisfaction that paid work cannot.

7. **Manage Stress**

   We all have stressors in our lives but learning how to deal with them when they threaten to overwhelm us will maintain our mental health.

8. **Find Strength in Numbers**

   Sharing a problem with others have had similar experiences may help you find a solution and will make you feel less isolated.

9. **Identify and Deal with Moods**

   We all need to find safe and constructive ways to express our feelings of anger, sadness, joy and fear.

10. **Learn to Be at Peace with Yourself**

    Get to know who you are, what makes you really happy, and learn to balance what you can and cannot change about yourself.

Source: Canadian Mental Health Association

Stroke Still Leading Cause of Adult Disability

Stroke is a leading cause of death and disability in Canada and in Nova Scotia. As Nova Scotians, we are at particularly high risk of stroke, we have among the highest rates of major risk factors like smoking, obesity, diabetes, high blood pressure, physical in-activity and high blood cholesterol in Canada.

A 2000 poll commissioned by the Heart and Stroke Foundation revealed that many Canadians do not know the signs and symptoms of a stroke. The poll showed that only 43 per cent of Canadians realized that sudden weakness, numbness, and paralysis on one side of the body are indicators of stroke. It is very important that we learn to recognize the signs of a stroke and that we get medical attention within three hours, a timeframe that can make a big difference in the amount of damage a stroke causes to the brain.

June is Stroke Awareness Month, and these numbers show us that we have a long way to go before Nova Scotians are informed as to their risk factors and the signs and symptoms of a stroke. These signals include sudden vision problems, sudden and severe headaches, sudden weakness, trouble speaking and dizziness.

A stroke happens when a blood vessel that feeds the brain becomes blocked or bursts. This can cause permanent brain damage, and those who survive frequently experience difficulty doing things that they once took for granted. Out of the nearly 1,400 Nova Scotians who will suffer a stroke this year, 500 will die. This number is expected to increase by at least nine per cent by 2016, as Baby Boomers age.

The Heart and Stroke Foundation of Nova Scotia wants you to be aware of your risk factors for stroke. You can talk to your doctor about this and discuss ways of reducing your risk. It is also vitally important that you know the signs of a stroke, and that you get medical attention immediately if you experience any of these signs. The Foundation has a variety of resources available to help you learn more about stroke, the number three cause of death in Nova Scotia and the number one cause of adult disability.

For more information, contact us at 423-7530, or 1-800-423-4432, or visit our web-site at www.heartandstroke.ca

Source: *Ticker Talk*, Volume 12, Number 2, Spring 2002

Sole North American Distributors of Impactwear Hip Protectors

Protection and Peace of Mind

Impactwear® Hip Protectors have been designed especially for older people to help reduce the likelyhood of a hip fracture resulting from a fall.

Impactwear® Hip Protectors are the solution. They have been designed to be comfortable everyday wear. They feature soft padded pockets over the hip area which contain thin 'high tech' thermoplastic shields. These shields protect the hip bones by absorbing and deflecting the impact energy generated during a fall.

Impactwear® Hip Protectors were researched, developed and manufactured in New Zealand. They consist of 'high tech' reinforced thermoplastic composites, enabling thin but very strong and effective hip protective shields. These are moulded to fit the curved surface of the body. This makes them comfortable to wear and thin so they cannot be seen under clothing.

As older people come in a variety of shapes and sizes with differing needs, Impactwear makes two styles for women with seven sizes in each, and a brief designed specifically for men in six sizes.

For further information, contact: Postal address: impactbodywear.com Ltd., 2302 Park Ridge Pl Victoria, British Columbia V9E 6J1

Phone: 1-250-474-5535 Fax: 1-250-474-7472
E-mail General Information:
impactbodywear@shaw.ca

Source: www.impactbodywear.com

Ageing the Active Way

There are more ways than one to lead a physically active life in older age. Richard Tower recounts some of the adventurous experiences of ExtraCare's residents.

Get your hands on a 'four-by-four' and plough through some mud, abseil down a rock face, whiz down a toboggan run, and splash around in a canoe. Get the *Mission Impossible* t-shirt and go home to celebrate the rest of your birthday. Sounds like the perfect choice for an adventurous 20- something? It's how Edith Rotherham, from Warrington, chose to spend her 83rd birthday last year, as part of a Mission Impossible Extreme Sports Programme run by ExtraCare Charitable Trust.

Eighty-three is the average age of residents with the ExtraCare Charitable Trust, who join a comprehensive activities programme which includes ballooning, helicopter rides, gliding, hiring the Orient Express train and a fiercely competitive garden festival. There is also an 'ExtraChoir' of 1,000, who filled Coventry Cathedral at Christmas last year.

John Graham, Managing Director of ExtraCare, is responsible for investing sufficient resources so that over 1,500 residents from 35 retirement schemes across the Midlands, can take part in the Charity's activity programme, irrespective of their health, mobility or care needs. In his view, the debate surrounding residential and nursing care often centres on room-size, health preservation, safety and protection. Whilst these are important, a key question is whether these elements are enough, whether they would mean people felt fulfilled. John Graham says:

"Too often, older people with fertile minds, ambitions and beliefs are rendered incapable by a residential process that has been established to support them but ends up as little more than an institution, being given a cup of tea in front of the telly can become the major event of the day.

Older people have had phenomenal lives and have a great deal to contribute—activity and life-long learning are a great way of unlocking talent and achieving personal fulfilment."

Berryhill Retirement Village

To support this belief, ExtraCare and Touchstone Housing Association built the UK's first, active retirement village at Berryhill, in Stoke on Trent. Completed in 1998, Berryhill provides self-contained homes and a variety of communal facilities—for example, a restaurant, gym, jacuzzi, arts and crafts centre, TV studio, internet room and greenhouse. Care support services are available for up to 24 hours each day, to ensure residents can secure a place for life, if they wish.

Vera Cook is one of Berryhill's residents. Now 84, she was married for over 60 years, and lived with her husband John in their home in Stoke on Trent. She looked after John, following his several heart attacks. However, on one occasion Vera was badly hurt after John, falling down stairs, landed on her. They eventually got help, after being trapped for hours. Both spent a long time in hospital—Vera receiving treatment for a broken jaw and two broken legs. As a result, they decided to move to Berryhill Village, but John sadly died:

"I was so very low, it was a dreadful time. But the Berryhill staff were just wonderful and so supportive. On top of the care from my support worker, the team helped me get some of my independence back. It was so important because I was very alone, right down there," Vera says, pointing at the floor.

Vera became friends with Dawn, the Berryhill fitness instructor, who took her into the gym. They agreed an ambition that Vera would learn to walk a few steps again:

"We started with very gentle exercises, first with weights on my legs and then progressing to walking with a Zimmer frame, then walking with two sticks, one stick and then no sticks at all—I felt so much better in myself".

Vera said she got her confidence back and became involved in other village activities, making new friends:

"I started producing patchwork cushions and joining dancing classes in my wheelchair. But my great love is painting, one of the village volunteers is a local painter—he's been absolutely marvellous and I'm a dab-hand at water-colours now."

Despite a more recent accident, Vera is still training in the gym "I'll never give up," she says, and has gone on to represent the village as an "Ambassador".

"I've travelled all over the country giving talks to new ExtraCare recruits and meeting people who are interested in the Berryhill scheme."

Vera says her care needs have also reduced considerably:

"Now I just have a hand in the morning and evening, when I want it, which leaves the rest of the day free. But it's the little things that are so important in keeping me independent. If I need a hand with breakfast, my carer can help me prepare my food, in my kitchen, in my own flat. You could argue that I would get this if I still lived in the community, but I wouldn't feel safe or happy on my own and I really enjoy the company here."

"Last year I played the Fairy Queen in Aladdin—things like that do wonders for your morale. If I had an ambition it would be to go back to Spain for a last time. I guess my life's really opened up again."

Activity and choice

Professor Tom Kirkwood supports the view that activity and choice can lift morale. In his BBC Reith Lecture on Ageing, delivered at Berryhill in 2001, he said that the way old people are treated limits choices much more than is really necessary. He argued that prejudice about old age must not be allowed to force a premature closing-down of the freedom to choose:

"If we treat old people as weak-spirited because they are frail, we do them a terrible injustice...it is easy to create or reinforce anxiety or self-doubt."

However, views on what constitutes an 'active life' vary considerably—some might see ExtraCare's Mission Impossible Programme as an extreme example, not suited to all. After all, they may argue, retirement is meant to be a time for rest and relaxation.

Eric Hart, 71, would disagree. Eric will be moving to live in Ryfields Retirement Village in Warrington, currently being built by Arena Housing Association and ExtraCare, when it is completed in November this year.

A few years ago, Eric had a stroke that affected his memory and paralysed his left arm and leg. He uses a wheelchair to get around, and currently requires care support throughout the day. Eric recently joined ExtraCare on an 'extreme sports' activity week in Devon at the Calvert Trust and was a real inspiration to other residents on the trip. He went up and down a climbing wall on an abseil rope, down the zip wire and on the sailing boats too. He reflected:

"I used to climb ladders in the fire service, so I was happy to try abseiling. I went backwards down a cliff in a wheelchair, which was really good. I also tried the zip wire which was terrific."

Eric believes that activities are important for people with memory loss:

"I seem to remember everything that happened at Calvert and that's because I was busy—doing nothing means your brain goes to sleep. You have to concentrate when you are doing these things—when you are on an abseil rope your brain has to tell your hand what to do and the concentration helps your memory."

Other residents—such as Derek Chawner—agree with Eric and Vera.

A resident's recipe for a happy and healthy older age

Derek Chawner, a 65-year old resident at Berryhill, has added abseiling to a range of other newly acquired skills, and has spoken at conferences on issues affecting older people.

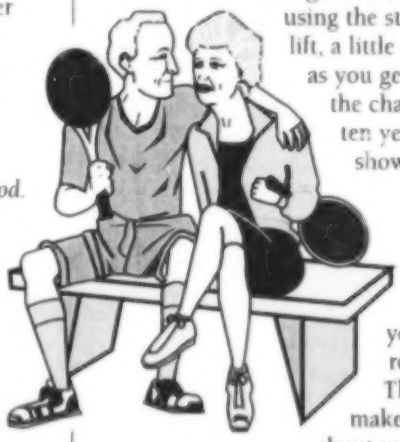
He believes there are four key ingredients for healthy living:

1. **Learn new skills**

   Learning feeds the mind—and a well-fed mind keeps you happy. It helps prevent depression and loneliness. It doesn't matter whether you try knitting, rock climbing or poetry reading—the process is the same. Learning helps your memory too, and offers good opportunities to meet people through clubs and classes.

2. **Exercise**

   You are never too old to exercise—a gym with a qualified fitness instructor can work wonders. If you use a wheel chair try 'chair aerobics', which builds upper body strength and good breathing. Even if it's using the stairs instead of the lift, a little exercise is important as you get older and it's worth the challenge—you'll feel ten years younger and it shows in your face.



3. **Health and well-being**

   Seek advice about your health and get regular check-ups. That way you can make informed choices about your future lifestyle. Diet is especially important "you are what you eat". These days there are plenty of healthy eating options that don't require a regime of just lettuce and water.

4. **Attitude**

   Life is what you make of it—at any age. Many people have strong memories of the past, some good, some bad, but it's the future that counts. Seek opportunities to socialise, and meet people. You've worked hard all your life so now it's time to let your hair down—the more you laugh, the more you give and the better you feel.

Source: *Working With Older People*, Volume 6, Issue 2, June 2002

Preventing Falls Together

Networking to Prevent Falling in Nova Scotia is a Health Canada/Veterans Affairs Canada funded Falls Prevention Initiative sponsored by Community Links, VON Canada—Nova Scotia and the Nova Scotia/Nunavut Command—Royal Canadian Legion. The direction and activities of the project are based on the input gathered at a workshop held in September 2001, sponsored by Community Links, the Family Caregivers Association of Nova Scotia and the N.S./Nunavut Command of the Royal Canadian Legion. As a result, the project will focus on building the capacity of organizations working with veterans, seniors and their caregivers to make falls prevention a part of their mandates, policies and activities.

The project has already brought together a strong group of provincial partners, who will ensure the project meets its objectives, over the next eighteen months. This Provincial Steering Committee, is composed of representatives of:

- Acadia University School of Nutrition and Dietetics
- Canadian Pensioners Concerned Nova Scotia
- Community Links
- Lunenburg/Queens Falls Prevention Program
- Family Caregivers Association of Nova Scotia—represented by Jane Cowie
- Kings County Safe Communities Coalition
- Northwood Lifeline
- NS Department of Community Services—Housing Division
- NS Department of Health—Emergency Health Services, Osteoporosis Advisory Committee, Public Health & Health Promotion
- NS Senior Citizens' Secretariat
- Nova Scotia Society of Occupational Therapists
- Osteoporosis Society of Canada
- QEII Health Sciences Centre
- Royal Canadian Legion—N.S./Nunavut Command
- Tourism Industry Association of N.S.—Human Resources Council
- Union of Nova Scotia Municipalities
- Veterans Affairs Canada
- VON Canada Nova Scotia

Over the course of the project, the following initiatives are being undertaken:

- Develop Regional Coalitions of organizations and groups that work with and for seniors and veterans across Nova Scotia. These Coalitions will spearhead falls prevention activities at the local and regional level and develop skills to incorporate falls prevention into their day-to-day work.
- Work with our partners to develop a Falls Prevention Tool Kit—an action-oriented resource containing advocacy tools, community based strategies, presentations, and safety information.
- Build the skills of volunteers and staff within organizations serving seniors and veterans to take action on falls prevention in their communities through a Training Program.
- Increase the awareness of partner organizations about the impact of falls and the importance of incorporating falls prevention activities into their work.

You are invited to become involved in the project by joining a working group or through participating in a Regional Coalition in your local area.

For further information on
Preventing Falls Together, please contact:
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Project Coordinator
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Brooklyn, NS B0J 1H0
Phone: 902-354-2397
Fax: 902-354-2825
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Redvers Cainey Recognized

Redvers Cainey, Maritime Representative for Canada's Association for the Fifty-Plus (CARP) was awarded the Queen Elizabeth II Jubilee Medal and presented with a citation from Premier John Hamm for his lifetime efforts to the Province and community.

Redvers was instrumental in the forming of the Nova Scotia Government Retired Employees Association (NSGREA) 1984–1985, and has been named a life member of the Nova Scotia Government Employees Union and the Nova Scotia Government Retired Employees Association.

In 1992 a number of seniors' organizations decided to join forces and work together on specific issues, as well as continuing to serve in an advisory role to staff of the Senior Citizens' Secretariat. This group originally started as the Group of V and is now the Group of IX. Mr. Cainey played a significant role in the founding of this group and continues to serve as the representative of CARP. He became the Maritime Representative of CARP in 1995 and continues to serve in that role.

Redvers is a resident of Sackville, Nova Scotia and tells us he and his wife, Beryl, will celebrate their 60th wedding anniversary in August of this year.

They have three children, Karen, Manager of the Nova Scotia Liquor Commission in Tantallon; Brian, a retired teacher now living in Detroit; and, Michael, Manager of "Parts for Trucks" in Charlottetown, Prince Edward Island.

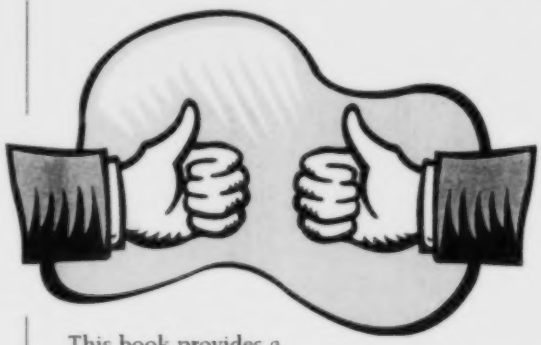
Prior to retirement Redvers worked for the Department of Community Services. In addition to his volunteer efforts on behalf of seniors, he enjoys gardening and makes frequent visits to the UK, his original home, where he visits family and friends. He also continues his interests in political issues and fighting for the benefits and rights of the less fortunate.

Congratulations Redvers and thank you for your continued efforts in making Nova Scotia a great place to live.

Book Reviews

Parkinson's disease: A complete guide for patients and families.

By: Weiner, William J., Shulmon, Lisa M., and Long, Anthony E.Baltimore, MD: Johns Hopkins University Press, 2001.



This book provides a tremendous amount of biomedical information about Parkinson's Disease in a straightforward way that both educates and empowers patients with PD. The text may ultimately help patients to cope with their illness effectively.

Weiner and Shulman are co-directors of the Maryland Parkinson's Disease Center at the University of Maryland School of Medicine, and Lang, the director of the Shulman Movement Disorders Centre at the Toronto Western Hospital, is the current editor of the prestigious journal *Movement Disorders*. This book is a compilation of their expertise, translated into a resource for patients.

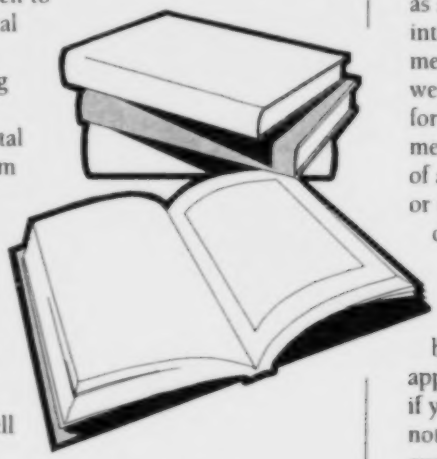
The book covers the signs and symptoms involved in diagnosing PD, issues involved in differential clinical diagnosis, the stages and progression of PD, treatment of PD (including new drug and surgical advances), and special issues such as young-onset PD, behavioural and psychiatric symptoms, co-morbid illness and hospitalization, alternative and complementary therapies, PD research, and issues pertaining to advanced medical decisions. The level of description, explanation, and information is ideal for PD patients and their families as well as anyone interested in learning more about PD.

Source: *Canadian Journal on Aging*, Vol. 21, No. 2, 2002—Summer

Negotiating a good death: Euthanasia in the Netherlands

By: Pool, Robert. New York: Haworth, 2000.

This book takes an important step towards providing a more sophisticated understanding of the social context of euthanasia in the Netherlands. Via the ten detailed case studies, the work sheds much light on the often, agonizing decision, making processes that accompany individual euthanasia requests. It also reveals how various players involved in these requests tried to ensure patients' wishes were met and dignity preserved. Throughout, a very human face is given to complicated ethical discussions that emerged regarding perceptions of physical and mental suffering, symptom alleviation, timing/method of death, and quality of care. Performative ethnography was shown to be an anthropological method that is well suited to investigating this extremely complex subject. In short, the book is groundbreaking and provides a useful model for examining similar issues in other national contexts where euthanasia may become either legalized or tacitly accepted in the future.



Source: *Canadian Journal on Ageing*, Vol. 21, No. 2, 2002—Summer

Taoist Tai Chi National Seniors Week, June 2–6

The members of the Atlantic Region will host the 2003 Taoist Tai Chi Seniors' Week this year at the Regional Centre in Halifax. We look forward to greeting Tai Chi members not only from the Atlantic Region, but also from all across Canada as well as some international members. The week is primarily for senior members (55 years of age and retired, or 60 years of age and older); however, if space permits, non-senior members will be welcome. Accommodations will be available on a first-come, first served basis with billets, so if you are a senior Tai Chi member, apply early. Volunteers are always needed so even if you are unable to attend the workshop or are not a Tai Chi member, please come and welcome our guests and offer your assistance. It promises to be a wonderful week of Tai Chi, friendship, and good food. Don't miss out on this wonderful opportunity. For more information, or if you can offer billeting accommodation in the metro Halifax area (no transportation or meals involved), please call the Regional Centre in Halifax at (902) 422-8142.

Source: Taoist Tai Chi Atlantic Regional Centre

Taoist Tai Chi for Seniors

Taoist Tai Chi is a series of 108 movements that slowly turn and stretch the spine. It was created by Master Moy Lin-Shin using movements of the Yang style Tai Chi, practiced and perfected in China for centuries. Master Moy founded the Taoist Tai Chi Society soon after he arrived in Canada in 1970. The Taoist Tai Chi Society is a non-profit, registered charitable organization supported by monthly dues and various fundraising efforts. The Society has over 200 locations in Canada and over 425 locations in 20 countries around the world.

People of all ages can learn the gentle turning and stretching movements of Taoist Tai Chi, and it can be adapted to match any level of ability. Taoist Tai Chi is designed fundamentally to promote and restore health. Classes are offered at Taoist Tai Chi centres, at local community centres and other public facilities by accredited volunteer instructors.

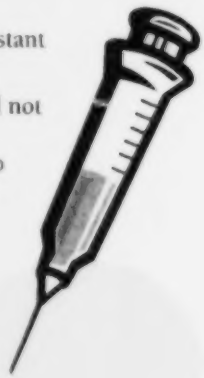
Most classes incorporate all age levels, but some branches offer special classes for seniors, and many have a Golden Age Division dedicated especially to improving the health of seniors. As well as providing excellent mental and physical exercise, seniors have found the gentle movements of Taoist Tai Chi to be an effective therapy for a wide range of health problems, including poor circulation, high blood pressure, arthritis, back pain, breathing difficulties and digestive and nervous disorders. The Society also operates a Health Recovery Centre where people can come to practice Taoist Tai Chi as an adjunctive therapy under medical supervision. A study published in the Journal of the American Medical Association showed that Tai Chi training was effective increasing strength and improving balance, thereby reducing injuries caused by falls in elderly people by 25%.

Fund raising dinners are hosted each month to which members and non-members alike are invited. The Atlantic Regional Centre of the Society is located in Halifax. In Nova Scotia, there are clubs located in Dartmouth, Sackville, Bear River, Bridgewater Port Hawkesbury, Sydney, Truro and Yarmouth. Watch for notices of open houses at the clubs where you can watch Taoist Tai Chi members in action and find out more about the organization and the classes. For more information or to pre-register, call (902) 422-8142 or visit the website at www.taoist.org.

Have You Had Your Pneumonia Shot?

Pneumonia shots are very important because the bacteria that causes this lung infection is becoming increasingly resistant to antibiotics.

Drug-resistant bacteria and not taking advantage of the pneumonia vaccine are two reasons why about 40,000 Americans die from pneumonia every year.



For most people, one pneumonia shot gives lifetime protection. (Some people need to be revaccinated after five years.)

Ask your doctor about it when you get this year's flu shot. The two vaccines may be given at the same time (but in different arms). Both are covered by Medicare.

If you have a weak immune system, a chronic illness (e.g., heart or lung disease, diabetes), or are recovering from a major illness, a pneumonia shot is especially important.

Sources: US Centers for Disease Control and Prevention; National Coalition for Adult Immunization; American Lung Association

Is It A Stroke?

Many people having strokes don't realize what's happening to them, so they don't seek immediate medical help.

For example, a woman reading a bedtime story to her grandson noticed she was having problems turning the page, and that the words on the page started to get blurry. But she finished reading and later went to bed. The next morning, her daughter found her semi-comatose.

According to one study, people expect sudden, dramatic symptoms from a stroke. But often, symptoms can come on over a span of 15 minutes or more. And symptoms may not always be debilitating or dramatic, so people don't associate them with a stroke.

It's important to recognize the signs of a stroke, since much of the potential brain damage can be prevented if you get to a hospital for treatment within 90 minutes.

Classic Signs of a Stroke

- Sudden numbness or weakness of the face, arm, or leg, especially on only one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden severe headache with no known cause.

Other Symptoms

- Emotional Incontinence.

  (inappropriate laughing or crying).
- Heavy, strange "falling" feeling on one side.
- Feeling drunk.

Sources: *Journal of Stroke and Cerebrovascular Diseases*, Vol. 10, Pg. 200;

British Medical Journal, Vol. 324, Pg. 1065;

American Heart Association

When Your Grandchildren Visit

Tips to Prevent Poisoning

Children are curious and they move fast—which is why parents and grandparents need to keep all potentially hazardous substances locked up and out of reach.

Poisoning Prevention Tips

- Use child-resistant packaging properly by closing the container securely after you use it. (And remember, it is only child-resistant, not child-proof)
- Keep all chemicals, medicines, and supplements locked up and out of sight.
- Call the poison center immediately in case of poisoning. Keep activated charcoal tablets on hand (but use them only if the poison center tells you to).
- Keep this number by your phone: 1-800-222-1222. It will connect you to the nearest poison control center.
- When using a product, don't let your grandchild out of sight—even if you must take the child with you to answer the phone or doorbell.
- Keep all products in their original containers. Leave their original labels on (and read label warnings).
- Don't put decorative lamps and candles that contain lamp oil where children can reach them.
- Always have the light on when giving or taking medicine. Check the dosage every time.
- Avoid taking medicine in front of children. Don't refer to medicine as "candy."
- Clean out your medicine cabinet at least once a year and safely dispose of unneeded and outdated medicines.

Source: US Consumer Product Safety Commission

How To Be Somebody

- Talk health, happiness, and prosperity to every person you meet.
- Make all your friends feel there is something special in them.
- Think only of the best, work only for the best, and expect only the best.
- Be as enthusiastic about the success of others as you are about your own.
- Forget the mistakes of the past and press on to the greater achievements of the future.
- Give everyone a smile.
- Spend so much time improving yourself that you have no time left to criticize others.
- Be too big for worry and too noble for anger.

Source: Christian D. Larsen, *Creed for Optimists*

Make A Difference

In Maine they tell of an old man walking along the beach with his grandson, who picked up each starfish they passed and threw it back into the sea.

"If I left them up here," the boy said, "they would dry up and die. I'm saving their lives."

"But," protested the old man, "the beach goes on for miles, and there are millions of starfish. What you are doing won't make any difference."

The boy looked at the starfish in his hand, gently threw it into the ocean, and answered: "It makes a difference to this one."

Unknown

The best things in life

- **Best way to live life**
  Do as much good as possible and try not to get caught.
- **Best friend**
  One who walks in when everyone else walks out.
- **Best education**
  Learning the art and science of what it means to be a warm, loving, and caring human being.
- **Best physicians**
  Dr. Diet, Dr. Quiet, and Dr. Merrymaker.
- **Best medicines**
  Cheerfulness and temperance.
  And to take ourselves with a grain of salt.
- **Best leader**
  One who reveals humility without timidity, competence without arrogance, authority without authoritarianism.
- **Best husband**
  One who does not expect a perfect wife.
- **Best wife**
  One who does not expect a perfect husband.
- **Best war**
  Against one's own weaknesses.
- **Best music**
  Laughter.

Dr. Dale E. Turner

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Entertainment:

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Bill Brayley of 'Crowther & Brayley Ltd.' and **Rosemary Beckett of CBC's Maritime Noon** to host Antiques Appraisal Days. Have 3 antiques appraised for $25. Bring items like paintings, silver, modern & antique glass, ceramics, porcelain, coins, toys, dolls, watercolors, oriental rugs, bronzes & metal figurines, antique items & furniture.

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Ex Park to Casino Nova Scotia: 9:00 am; 10:00 am; 11:00 am; 12:00 pm; 1:00 pm; 2:00 pm; 3:00 pm; 4:00 pm; 5:00 pm; 6:00 pm

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For More information:
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429-5808 or 424-5407 or toll free (800) 670-0865
bbroome@hfx.eastlink.ca www.50plusexpo.ns.ca

Life Is What You Make It!